CHDP SCHOOL MATERIAL REQUEST FORM

This form is due by January 15

Materials are distributed once a year in late January/early February. Please request a sufficient amount for the entire school year. Public school districts should submit one order form for all elementary schools in their district.

For a supply of the California School Immunization Record (CSIR/blue cards), public schools contact your district office, private schools call (619) 692-8661.

| Please complete the follo School District/Private School | wing information: chool Name: | |
|---|---|---------------------------------|
| Street Address: | | |
| City: | Zip Code: | |
| Contact Person: | Telephone Number: | |
| If the delivery address is | <u>different</u> from above, please complete | the information below. |
| Delivery Address: | | |
| Delivery Hours: | | |
| <u>MATERIALS</u> | | # FORMS REQUESTED |
| Report of Health Check-U | p for School Entry | |
| NOTE: The Report of Heavith 2 additional forms: | alth Check-Up for School Entry form i | s provided in a packet attached |
| • | <u>alth Check-Up</u> : (English/Spanish paren tain low/no-cost health insurance for cl | |
| 2. Letter from Tub | erculosis Control addressed to parents | and health care providers |
| Please return this form wi | th your CHDP Annual School Report by | January 15 to: |
| Nancy Jones, County of So | an Diego, P.O. Box 85222, MS P511H, S | an Diego, CA 92186-5222 |
| If you hav | e questions please call Nancy Jones at | (619) 692-5561 |
| | OFFICE USE ONLY | |
| Date Received: | Date Mailed/Delivered: | Delivered by: |